SC Children's Telehealth Collaborative

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South Carolina Children's Hospital Collaborative

August 29, 2019

The Honorable Ajit Pai
Chairman
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Dear Commissioner Pai:

The South Carolina Children's Telehealth Collaborative appreciates the opportunity to comment on) "Promoting Telehealth for Low-Income Consumers Notice of Proposed Rulemaking" (NPRM) as published in the *Federal Register*. As an organization, we operate under the South Carolina Children's Hospital Collaborative, an independent 501c4 organization dedicated to the advancement of collaborative efforts to improve the health and well-being of children throughout the state. The South Carolina Children's Telehealth Collaborative was established with Duke Endowment Award funding in 2015 and is sustained by funding from the South Carolina Telehealth Alliance. The aim of the SC CTC is to provide education, alignment, and strategic direction to children's hospitals in South Carolina to advance safe and effective pediatric telehealth services.

SC CTC sites also participate in the NIH-funded SPROUT (Supporting Pediatric Research on Outcomes and Utilization of Telehealth) - CTSA (Clinical and Translational Science Award) Collaborative Telehealth Research Network. This program is aimed at supporting collaborative multi-center telehealth research, providing comprehensive education, convening research-focused telehealth leaders and guiding policy and regulatory development for the advancement of safe and effective telehealth services across the country.

This pilot program is an incredibly important and valuable step to take in advancing quality telehealth service adoption in rural and underserved areas of the country. The lack of broadband connectivity, either wired or wireless, is a major impediment to patient participation in and adherence to, remote patient monitoring and connected care services, particularly for rural and low-income households. (#13. https://www.federalregister.gov/d/2019-16077/p-30) If not immediately and effectively addressed, this gap in connectivity threatens to make connected care services a means exacerbating the disparities in access to care rather than ameliorating them, by making connected care less accessible to the highest-risk populations.

The under-recognized challenge of addressing disparities in access to care is state-by-state variation in Medicaid and private health insurance payment policies. Nowhere is this variation more apparent than in policies and regulations around telehealth services. Rural and underserved areas are disproportionately impacted by this variation because a comparatively large percentage of the population in these areas is covered by Medicaid. Lack of uniformity across states leads to inconsistent data collection and reliability, a lack of agreed-upon metrics, and resulting difficulty in conducting quality research on the impact of connected care services. To address this, SC CTC recommends targeting organizations and practices that provide a significant percentage of services to Medicaid patients. (#43, https://www.federalregister.gov/d/2019-16077/p-76)

Because state-by-state variation in policy, regulation, and payment for telehealth services is a major barrier to adoption and advancement of connected care services, the SC CTC proposes that extra points be awarded for multi-state collaborative projects. Such collaborations will allow the pilot to more effectively, study and address state-by-state variation and promote a more uniform approach to the development of connected care services. In addition, issues such as licensure across state lines, care of established patients who travel or attend school out of state, and the impact of state parity legislation can be more effectively studied through multi-state collaborative efforts. (#18, https://www.federalregister.gov/d/2019-16077/p-35)

Low-income children and children with medically complex or chronic conditions are perhaps the population most severely impacted by the lack of broadband connectivity and should not be overlooked in this pilot. Pediatric telehealth programs addressing chronic and complex conditions are growing, but are inherently smaller in scale and use variable technology. Medically complex children face high rates of morbidity and mortality, but many cases, such as in children with chronic lung disease on home mechanical ventilation, effectively managing the condition with coordinated, multi-disciplinary care can lead to dramatic improvements in overall condition. Such patients who reside in low-income or rural areas may face severe and frequent challenges in accessing the multi-disciplinary, highly specialized care necessary to improve their condition and minimize life-threatening complications. Connected care has amazing potential to address this issue, but only if issues of connectivity are properly addressed and the development of programs to improve coordinated home care are appropriately incentivized. This pilot represents a great opportunity to do just that. The recently-passed ACE Kids Act provides an established federal statutory definition of medically complex children, which will significantly ease incorporation of this vulnerable population into the FCC rule. SC CTC thus strongly encourages that additional points be awarded for applications that address this undeserved population. (#47, https://www.federalregister.gov/d/2019-16077/p-80, #48 https://www.federalregister.gov/d/2019-16077/p-81, #52, https://www.federalregister.gov/d/2019-16077/p-85)

This pilot could provide an extraordinary opportunity for federal funding to support integration of connected care services into the Patient Centered Medical Home (PCMH), reducing the risk of fragmenting care and improving adherence to clinical best practices and guidelines. This approach is particularly valuable for medically complex and chronic conditions. In order to encourage the development of connected care services within the PCMH, connected care only companies should not be eligible recipients of funding. Rather, applications that integrate connected care services with the PCMH should be awarded additional points. (#35, https://www.federalregister.gov/d/2019-16077/p-52)

The SC CTC also encourages that extra points be awarded on evaluation of proposed projects for those that include economic evaluation of connected care services. Evaluation of the impact of telehealth services on healthcare costs is critical as our healthcare system moves toward a value-based model. The goals of this pilot program include demonstration of cost savings and demonstration of how USF funding could be optimally utilized to advance rural connected care services in the future. An increased focus on economic evaluation will encourage the development of cost-effective and fiscally responsible programs with awarded funding. (#73, https://www.federalregister.gov/d/2019-16077/p-106)

The SC CTC encourages the FCC to consider the disadvantages faced by rural healthcare providers and community clinics when making funding decisions. Health care providers caring for rural and underserved populations do not have the same financial resources, IT support, or personnel as larger institutions. They would be less capable of purchasing and supporting connected devices or mobile applications independently without additional funding, and would thus be less able to participate in the pilot program. Since provision of services to rural and underserved communities is a major focus of this program, requiring healthcare providers to purchase

and support the equipment used in this program would be a significant impediment to achieving the goals of the project. We propose the inclusion of funding for equipment purchase and IT support for rural and community providers, as well as a variable match requirement for these providers that incentivizes, rather than discourages, the participation of healthcare providers with limited resources. The match requirement for an organization consisting primarily of community healthcare providers and/or private community clinics should be less than the match required for a large healthcare institution, and community health care providers should not be subjected to the same requirements for purchase of equipment or administrative support as large healthcare institutions. Instead this program should serve as a viable mechanism to address the disadvantages faced by these providers. (#14. https://www.federalregister.gov/d/2019-16077/p-31, #16. https://www.federalregister.gov/d/2019-16077/p-33 , #17. https://www.federalregister.gov/d/2019-16077/p-34, #21 https://www.federalregister.gov/d/2019-16077/p-38)

While prior experience with developing and implementing connected care services is extremely valuable, many community health care providers, particularly in private practices, have been unable to engage in connected care to this point due to the above-mentioned lack of financial, administrative, and technical resources necessary to develop such programs effectively. Limiting the pilot program to only institutions or providers with significant prior telehealth experience would only exacerbate this disadvantage. Instead, the pilot program should encourage applicants to partner with organizations that have experience with telehealth development without requiring that each participating healthcare entity in a given project has prior experience. The HRSA designated telehealth resource centers and centers of excellence could provide such support, which falls within the responsibilities inherent to their HRSA funding. Similar support could be provided through partnership with other academic healthcare institutions and professional organizations. (#36, https://www.federalregister.gov/d/2019-16077/p-53) Organizations and institutions that participate in the evaluation and selection process for applications should not also be allowed to apply for funding themselves, to avoid obvious conflict of interest (#45, https://www.federalregister.gov/d/2019-16077/p-78).

In order to encourage a wide variety of projects from numerous types of healthcare providers, we agree with the proposed approach of permitting flexible and varied funding amounts. If significant matching funding is required from applicants, a fixed funding amount per project would make application by smaller community organizations extraordinarily difficult. If combined with flexible match requirements, a flexible funding amount for community providers and rural health clinics would encourage participation from these providers. In order to optimize use of the provided funds, maximum award amount should be capped at $5 million. (#24, https://www.federalregister.gov/d/2019-16077/p-41).

The South Carolina Children's Telehealth Collaborative hopes these comments provide useful feedback for this pilot program. We are happy to answer any questions you may have. Feel free to contact us at brooke@scchildrenshospitals.org or (843) 876-1985.

Sincerely,

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